



PTO/SB/52 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEEDocket Number (optional)
JAB-1641

I hereby declare that:

My residence and mailing address and citizenship are stated below next to my name.

JANSSEN PHARMACEUTICA N.V.

I am authorized to act on behalf of the following assignee:

and the title of my position with said assignee is: Sr. Director, Head of the Patent Department

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s):

Marc K. J. Francois et al.

Patent Number

5,616,587

Date of Patent Issued

April 1, 1997

Title of Invention

AQUEOUS RISPERIDONE FORMULATIONS

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is

described and claimed in said patent, for which a reissue patent is sought on the invention entitled

Aqueous Risperidone Formulations

the specification of which

 is attached hereto. was filed on _____ as reissue application number _____ /
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

 by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors.

At least one error upon which reissue is based is described as follows:

The specification does not contain a specific reference to the earlier filed application relied on for priority under 35 USC 120.

[Attach additional sheets, if needed.]

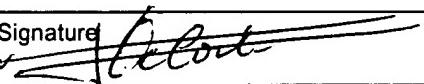
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY OF PAPERS
ORIGINALLY FILED

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) JAB-1641																										
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table border="0"> <tr> <td>Name(s)</td> <td>Registration Number</td> </tr> <tr> <td>PHILIP S. JOHNSON</td> <td>27200</td> </tr> <tr> <td>MARY A. APPOLLINA</td> <td>34087</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2"> </td> </tr> </table>			Name(s)	Registration Number	PHILIP S. JOHNSON	27200	MARY A. APPOLLINA	34087																				
Name(s)	Registration Number																											
PHILIP S. JOHNSON	27200																											
MARY A. APPOLLINA	34087																											
<p>Correspondence Address: Direct all communications about the application to:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Customer Number</td> <td>000027777</td> <td>→</td> <td>Place Customer Number Bar Code Label Here</td> </tr> <tr> <td colspan="2">Type Customer Number Here</td> <td colspan="2"></td> </tr> </table> <p><i>OR</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Firm or Individual Name</td> <td> </td> </tr> <tr> <td>Address</td> <td> </td> </tr> <tr> <td>Address</td> <td> </td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td> </td> </tr> <tr> <td>Country</td> <td colspan="3"> </td> </tr> <tr> <td>Telephone</td> <td>Fax</td> <td colspan="2"> </td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number	000027777	→	Place Customer Number Bar Code Label Here	Type Customer Number Here				<input type="checkbox"/> Firm or Individual Name		Address		Address		City	State	Zip		Country				Telephone	Fax		
<input checked="" type="checkbox"/> Customer Number	000027777	→	Place Customer Number Bar Code Label Here																									
Type Customer Number Here																												
<input type="checkbox"/> Firm or Individual Name																												
Address																												
Address																												
City	State	Zip																										
Country																												
Telephone	Fax																											
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																												
<p>Full name of person signing (given name, family name) FILIP DE CORTE</p>																												
<p>Signature </p>		<p>Date ✓ DECEMBER 3, 2001</p>																										
<p>Address of Assignee TURN HOOTSEWEG 20 B-2340 BELGIUM</p>																												
<p>Patentee MARC K. J. FRANCOIS</p>		<p>Citizenship BELGIUM</p>																										
<p>Residence/Mailing Address B-2920-KALMTHOUT, FOXEMAATSTRAAT 64, BELGIUM</p>																												
<p>Patentee WILLY MARIA ALBERT CARLO DRIES</p>		<p>Citizenship BELGIUM</p>																										
<p>Residence/Mailing Address B-2330-MERKSPLAS, MOLENZIJDE 17 BELGIUM</p>																												
<p><input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.</p>																												



PTO/SB/53 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

JAB-1641

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) **MARC K. J. FRANCOIS and WILLY M. A. C. DRIES**

Patent Number **5,161,587**Date Patent Issued **APRIL 1, 1997**

Title of Invention

AQUEOUS RISPERIDONE FORMULATIONS

1. Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are **JANSSEN PHARMACEUTICA, N.V.** and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Signature

Date

Typed or printed name and title of person signing for assignee (if assigned)

FILIP DE CORTE
SENIOR DIRECTOR, HEAD OF PATENT DEPARTMENT

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

 COPY OF PAPERS
ORIGINALLY FILED



PTO/SB/96 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: JANSSEN PHARMACEUTICA, N.V.Application No./Patent No.: 5,616,587 Filed/Issue Date: APRIL 1, 1997Entitled: AQUEOUS RISPERIDONE FORMULATIONSJANSSEN PHARMACEUTICA, N.V., a CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.

The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 8005, Frame 0519, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

DECEMBER 3, 2001

Date

FILIP DE CORTE

Typed or printed name

Signature

SENIOR DIRECTOR, HEAD OF PATENT DEPARTMENT

Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.